

**Foster/ Volunteer Questionnaire**  
**Angels For Animal Rescue**  
**3940 Laurel Canyon Blvd #109 Studio City, CA 91604**  
[angelsforanimalrescue@hotmail.com](mailto:angelsforanimalrescue@hotmail.com)

Thank you for your interest in volunteering and/or fostering. Please complete the following questionnaire to better help us determine what area(s) you are interested in and how you can reap the greatest pleasure out of your volunteer experience.

**About You:**

Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State

\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_

Best time to call \_\_\_\_\_ Which number?

\_\_\_\_\_

Email address

\_\_\_\_\_

Occupation: \_\_\_\_\_ Hours work per week

\_\_\_\_\_

**How would you like to help us in rescue? Check all boxes that apply:**

- Transport? (pick up from shelter and deliver to rescue)
- Assist at adoption events
- Surf Internet sites to see what dogs are available for adoption; call shelters to see availability dates, holds, etc)
- Scout shelters? (this requires driving to shelters and checking out the dogs seen/heard about on Internet)
- Release from shelters and temporarily hold until transport to foster person can be arranged?
- Home visits? (visiting potential adoptive homes)
- Reference checks? (calling references to verify information provided by potential adopter)
- Follow up calls and visits? (to adoptive home)
- Public Relations/Advertising?
- Fund Raising?
- Other - please specify? -

\_\_\_\_\_

Foster?

Long term? (until adopted)

Short term? (one week maximum)

What is your reason for wanting to foster?

---

Have you ever fostered before?  Yes  No If yes, with what group?

---

Are you interested in ultimately adopting?  Yes  No If so, when

---

What, if any, is your dog experience?

---

---

---

Which shelters are you willing to scout?  North Central  South Central  Downey

SEAACA

West Valley  East Valley  Carson  Camarillo  Lancaster

Baldwin Park  Inland  Long Beach  Orange County  Riverside  San

Bernardino Other \_\_\_\_\_

Hours per week you can devote to volunteer? \_\_\_\_\_

What would be the thing or things you would like to do to help if you had your choice?

---

---

---

---

### **History of Pet Ownership**

What dogs currently live in your household? (Please list)

Name Breed Sex Age How long Where from

Where kept

1.

---

---

2.

---

---

3.

---

---

---

Do you have any other animals? If yes, Please list

---

Please list dogs you have owned in the past 15 years and explain what happened to the dog

Name Breed Sex Age How long Where from

What happened to dog?

1.

---

---

2.

---

---

3.

---

---

4.

---

---

---

**Your Home (only complete if you are interested in fostering)**

Which of the following best describes your current residence? (Check one)

- Own a single family home
- Rent/lease a single family home or duplex
- Own a townhouse or condominium
- Rent/Lease an apartment, townhouse or condominium
- Other (please explain)

---

Does your lease or homeowners association have any covenants or restrictions on pet ownership?  Yes  No

If yes, please explain

---

Does your town or city have any restrictions on the number of dogs you can have?

Yes  No

If yes, how many? \_\_\_\_\_

Do you have a yard?

---

Is your yard, or a portion of your yard, securely fenced and with what type of fencing?

\_\_\_\_\_

---

If you have a pool is it fenced?  Yes  No

If you have a dog run, is it secure?  Yes  No

**Preferences (For fostering only)**

How many dogs would you consider fostering at one time?

---

Do you have a separate quarantine area or an area you could keep a dog quarantined if necessary?  Yes  No

If not, how do you plan to keep the dogs separate?

---

Are you willing to foster dogs with special medical needs?

Yes  No

Are you willing to foster dogs with a history of neglect/abuse who need extra love and attention?

Yes  No Are you willing to foster dogs with behavior problems who require special

training?  Yes  No What restrictions would you have about

fostering a dog? \_\_\_\_\_

---

Do you have any other preferences or restrictions?

---

Care and responsibility (for fostering only)

---

Do you understand that foster dogs are not always housebroken and may have accidents?

Yes  No

Will you be able to take the foster dogs to a groomer?  Yes  No

Will your groomer offer you a discount?  Yes  No Cost:

---

Are you prepared to do the necessary routine care like cleaning out the eyes, ears, etc.?

Yes  No

Approximately how many hours will the fosters be left alone?

\_\_\_\_\_

Where will the fosters stay when you are away?

\_\_\_\_\_

Where will the fosters sleep at night?

\_\_\_\_\_

How many people currently live at your residence?

\_\_\_\_\_

Are there children and if so, what are their ages?

\_\_\_\_\_

Are you interested in fostering to see if adopting might be right for you? \_Yes \_No

What type of dog are you interested in adopting?

\_\_\_\_\_

Are members in the family willing to help you foster? \_Yes \_No

Will you allow the fosters to mingle and socialize with the family and pets after the quarantine period? \_Yes \_No

**References**

Please provide three names including your vet and a groomer (if you have one). Other references could include a neighbor, co-worker, friend or relative who owns a Lhasa or other high maintenance breed. (if fostering one *must* be a vet reference)

Name Phone number Relationship to applicant

1. -

\_\_\_\_\_

2. -

\_\_\_\_\_

3. -

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All of the information I have provided in this application is true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date

**All provided information will be kept confidential and will not be used for any other purpose**